

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <u>09/98/639</u>	FILING DATE 				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3						TOTAL IND.			4		
TOTAL DEP.	10						TOTAL DEP.			26		3
TOTAL CLAIMS	13						TOTAL CLAIMS			30		70

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1250 (REV. 3-75)

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